py all 22 (100%) patient were underwent by cytoreductive operations (p < by 0,05 between groups). The time before the beginning of antitumour therapy was 7,8 ± 1,2 days in group of the patients, where the treatment was begun from laparotomy. In group of the patients, where the treatment was begun from diagnostic laparoscopy the period before an antitumour therapy was 4,8 ± 1,1 days (p < 0,05 between groups). In one patient with malignant germ cell tumor, who was underwent laparocentes neoduvant chemotherapy was performed not in standart protocol because of inconsistent cytologic data. In group of the patients, where diagnostic laparoscopy with biopsy of a tumour were carried out all patients were treated on the standard protocol. There were no complications at realization of diagnostic laparoscopy with biopsy of a tumor.

Conclusions. 1. Diagnostic laparoscopy with biopsy of a tumor is an effective method allowing to estimate the possibility of patients with stage IV of ovarian malignant tumors to be operated; also, this method allows to define the histological type of a tumor and to choose an adequate program of chemotherapy.

2. At realization of diagnostic laparoscopy in comparison with laparotomy in the patients with stage IV of malignant tumors of ovary reduces the period prior to the beginning of antitumour treatment.

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THE EXPERIENCE OF REPEATED LAPAROSCOPIC OPERATIONS IN PATIENTS WITH MALIGNANT OVARIAN TUMORS

Aim: to evaluate possibility and effectiveness of laparoscopic surgery in patients with early stage ovarian malignancies after non-radical surgical treatment of ovarian malignancies.

Material and methods. We performed 52 repeated laparoscopic operations in patients at the age of 16 to 65 years, who had had non-radical surgical treatment of I stage malignant ovarian tumors. Patients underwent non-radical operations in gynecological clinics of general profile concerning first diagnosed ovarian tumors and cysts. In most cases the only performed procedure was unilateral removement of adnexal mass and ovarian malignancy was revealed only after postoperational histological examination of the removed ovary. Repeated laparoscopic operations, the purpose of which was adequate staging of tumor process and observance of treatment radicalism, were performed within 12 – 280 days after non-radical operations. During repeated laparoscopic operations ontological principles were kept: careful inspection of abdominal cavity, intraoperational cytological examination of peritoneal fluid, washings and peritoneal biopsies, intraoperational histological examination of removed ovaries, infracolic omentectomy. In all cases laparoscopic ultrasound examination of pelvic and paraaortic lymph nodes was performed. For evacuation of specimens out of abdominal cavity we used special containers.

Results. The average duration of surgery was 164 min. Conversions was made in 9 cases: 4 – in relation with tumor dissemination, 3 – concerning widespread adhesions, 2 – regarding intraoperational complications (bleeding from left gastroepiploic artery). Postoperational complications were observed in 3 patients and did not required surgical correction. The patients were discharged from the clinic within 4-5 days after surgery. The usage of laparoscopic surgery has made it possible to reduce rehabilitation period more than in two times in comparison with the similar indexes in case of laparotomy. Restaging was performed in 10 (19,7%) cases.

Conclusions. The usage of laparoscopic surgery in the purpose of restaging in patients who underwent non-radical operations in relation with malignant ovarian tumors let to increase the quality of patients' lives without any prejudice to oncological radicalism.

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THIRTY-YEARS EXPERIENCE OF ORGAN-SAVING TREATMENT IN ONCOLOGICAL GYNECOLOGY

The aim. To analyzed one of the aspect of the medical-social rehabilitation of the patients after organ-saving treatment of gynecological neoplasms.

Methods and material. We have analyzed comprehensive clinical data of 971 women of reproductive age with early gynecological cancer who were treated in the Department of Oncogynecology of P.A.Hertsen Moscow Oncological Institute in 1975 – 2004. The first group included 688 women with precancerous lesions and early cervical cancer (severe cervical dysplasia – 90 (13,1%), cervical cancer in situ – 342 (49,7%), cervical cancer stage Ia1 – 246 (35,6%), cervical cancer stage Ia2 – 4 (0,6%). The mean age of patients was 33,6 ± 1,2 y.o. The second group included 158 patients with malignant ovarian tumors: non-epithelial tumors – 99 (62,7%), borderline tumors – 35 (22,1%) and ovarian

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